PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											ing Date 06/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY ☑ OR SMALL ENTITY					
FOR			IUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	or (q))	N/A		N/A			N/A			N/A		
	FAL CLAIMS CFR 1.16(i))		minus 20 =					x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))		minus 3 =					x \$ =]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50	ation and drawings exceed 100 er, the application size fee due i for small entity) for each sheets or fraction thereof. See (a)(1)(G) and 37 CFR 1.16(s).									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1			
* If	he difference in col	r "0" in colu		TOTAL	L	J	TOTAL						
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	11/08/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	· 11	Minus	 31		= 0		X \$25 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 1	Minus	4		= 0		X \$105 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(a))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(1))		Minus					x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))		Minus	***				x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR			
Γ							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" [Cotat or Independent is the highest number found in the appropriate box in column 1.												

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life light by the USFTO to monocosal an application. Confidentially is governed by 80 Sec. 72 and 37 CER. 1.16. This colded no estimated to take 92 annuals to complete a position form to the USFTO. I me well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggeoustons for reducing this burdon, about the sent to the CER information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1490, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1490, Alexandria, VA 2213-1450.